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Gallatin City-County Health Department

Environmental Health Services
215 W. Mendenhall Rm 108
Bozeman, MT 59715-3478
406-582-3120 • FAX 406-582-3128

Farmer's Market / Bake Sale Application

Name of Applicant _____ Day Phone _____

Mailing Address _____
Address City State Zip

☐ **Farmer's Market -Year** _____

- You must contact the coordinator of the farmer's market for approval to sell at their market.
- Approval is valid for January through December of the current year.

☐ **Bake Sale – Date(s)** _____

- I certify that the above named organization is non-profit and qualifies as a tax-exempt organization.
Tax ID # _____

Proposed item(s)

_____	_____
_____	_____
_____	_____
_____	_____

This approval is only for the sale of food at an established Farmers Market or a non-profit bake sale.

Please keep a copy of this approval on-site during the event.

I agree to comply with the rules and sell only those food items that have been approved by the Gallatin City-County Health Department (GCCHD). I fully understand that any deviation from the above list without prior permission from the GCCHD may void this approval.

Applicant's Signature _____

Date _____

Health Department Comments _____

Environmental Health Specialist _____

Date _____